

REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS NOT A SMALL BUSINESS-SMALL PURCHASE SET-ASIDE (52.219-4)		PAGE 1 OF 1 PAGES
1. REQUEST NO. RFQ-NLM-04-177/CYC	2. DATE ISSUED 08/12/04	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG.2 AND/OR DMS REG.1 <	RATING
5A. ISSUED BY National Library of Medicine Building 38A, Room B1N20 8600 Rockville Pike Bethesda, Maryland 20894			6. DELIVER BY (Date)	
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Cara Y. Calimano (301) 496-6127 CC436E@nih.gov			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE			9. DESTINATION (Consignee and address, including ZIP Code)	

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 08/27/04 2:00 P.M.	11. BUSINESS CLASSIFICATION (Check appropriate boxes) a. STANDARD INDUSTRIAL b. SMALL BUSINESS CLASSIFICATION CODE _____ SIZE STANDARD <input type="checkbox"/> SMALL <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
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IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.

12. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ®	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	Support Services: It is the intent of the National Library of Medicine to promote and extend Insight, its open-source software initiative in image processing tools. Period of Performance: 12 months from the date of award.				

NOTE: Additional provisions and representations are ~ are not attached.		
14. NAME AND ADDRESS OF QUOTER (Street, city, county, State and ZIP Code)	15. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	16. DATE OF QUOTATION
	17. NAME AND TITLE OF SIGNER (Type or print)	18. TELEPHONE NO. (Include area code)

